Maternal and Child Health Tele-Behavioral Health Care Programs Technical Assistance Innovation Center

Early Childhood Mental Health Consultation in Mental Health Access Programs

Vision: Healthy Communities, Healthy People

Thursday, July 27, 2023, 2:00–3:00 p.m. ET

Housekeeping Items

- **Muting:** All participant lines will be muted upon entry into the meeting. You can unmute at any time. However, we ask that you make sure you are muted if you are not speaking.

- **Questions and Answers:** We want to hear from you! Please share via the chat.

- **Technical Issues:** If you experience any technical problems during this webinar, please contact us through the chat feature or email MCH-TA-Innovation-Center@jbsinternational.com.

- **Feedback Form:** During the webinar, you will find a QR code and a link in the chat to the feedback form. We value your feedback and kindly ask you to take a moment to complete the form. Your input is highly appreciated, and we encourage you to share your thoughts.

- **Recording and Presentation Slides:** We are recording the webinar. The recording and presentation slides will be available to you in the coming weeks.

Panel Participants

Mary Margaret Gleason M.D., FAAP

Professor of Pediatrics and Psychiatry

Julianna Finelli M.D.

Assistant Professor of Psychiatry

PPCL

Yael Dvir M.D.

Associate Professor of Psychiatry and Pediatrics

Beth Ellen Davis M.D., MPH

Professor

Developmental Behavioral Pediatrics

HRSA
Health Resources & Services Administration

Presenter	Research or program support	Advisory board	Board of directors
Davis	**HRSA(Autism, LEND, PMHCA); VMAP**	N/A	N/A
Dvir	**MCPAP/DPH/HRSA**		
Finelli	**HRSA**		
Gleason	**Hampton Roads Biomedical Research Consortium, VMAP, Woebot**	Little Otter	Zero to three, National Network of Child Psychiatry Access Programs

Disclosures

Webinar Overview

1

Introduce rationale **for specialized childhood mental health consultation**

2

Review specialty **content** elements

3

Present consultation process innovations

Why specialized early childhood mental health consultation?

Mental health doesn't start at 6

Variable (and mostly insufficient) training in IECMH across all mental health and pediatric specialists

More half of scheduled well child visits happen by age 6 and many focus on behavioral, emotional development

Young children (and their mental health) are different

Goal of an early childhood MH consult

1. Confirm **safety has been assessed**

2. Identify **level of intervention needed for child (or at least next step)**

3. Define first line interventions for medical home to support caregiver and child

- Even if plan is for specialty care

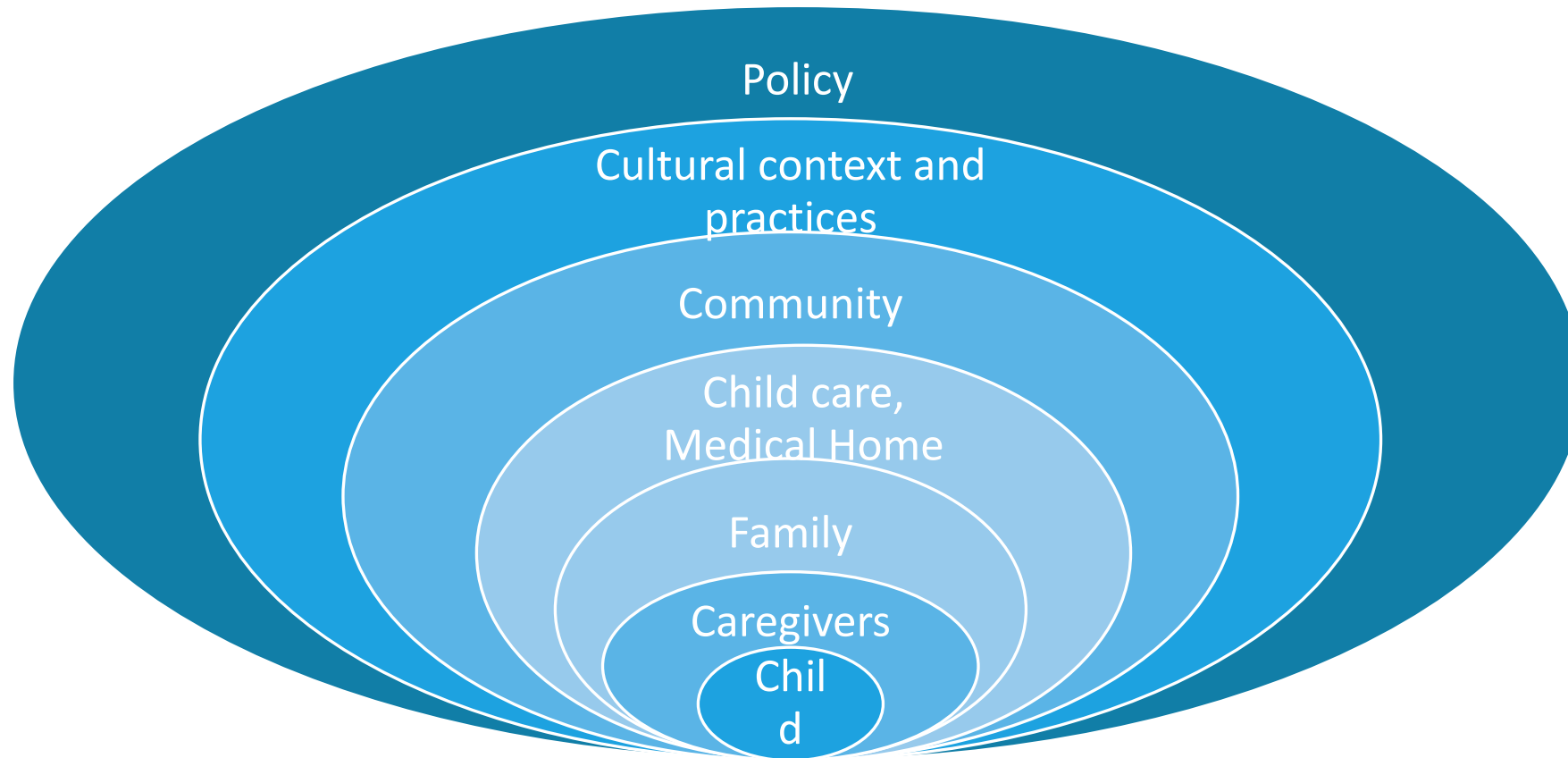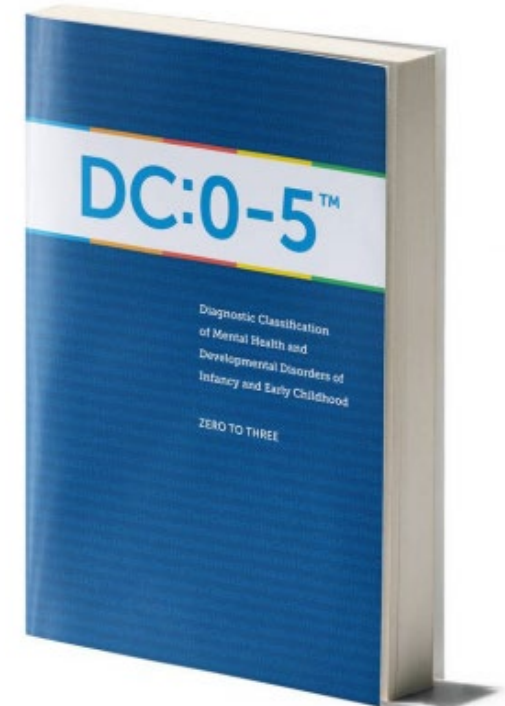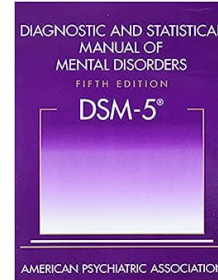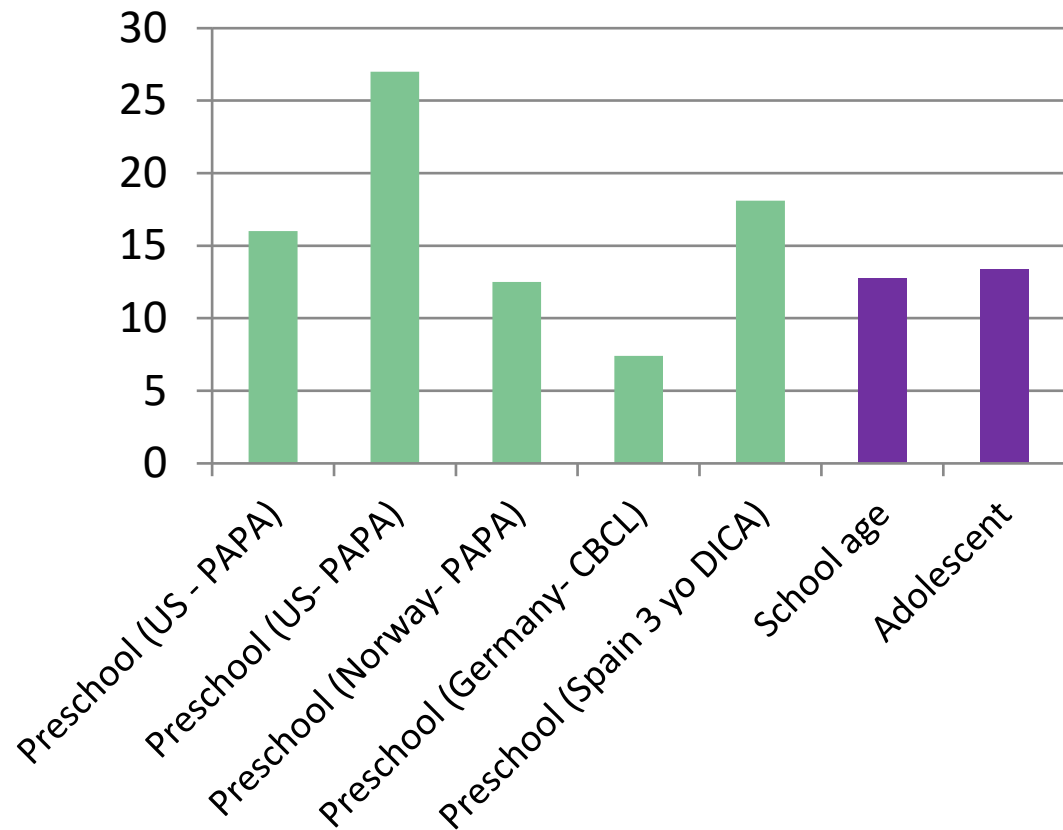# Young children are different:
Huge developmental leaps

Prenatal

6 yo

Experiences and Contexts Matter!

Policy

Cultural context and practices

Community

Child care, Medical Home

Family

Caregivers

Child

Young children CAN have clinical mental health disorders….

Egger 2006 JAACAP; Wichstrom (2011) JCPP; Merkingas 2014 Pediatrics; Wlodarczyk (2016) J Child Psych Hum Dev; Bufferd 2014

Early childhood MH requires

- Perspective taking

- Self-reflection

The Perinatal and Relational Context

JULIANNA FINELLI MD

LOUISIANA PROVIDER TO PROVIDER CONSULTATION LINE

TULANE UNIVERSITY SCHOOL OF MEDICINE

Perinatal Mental Health Consultation

- Goal: To support Louisiana perinatal healthcare clinicians to expand early identification of perinatal risks and mental health symptoms, implement first line management for mental health and substance use disorders, and make effective referrals to additional community resources.

Pediatric Mental Health Consultation

- Goal: All children and adolescents in Louisiana, especially those in rural and underserved areas, will have equitable access to comprehensive integrated behavioral health services by increasing capacity among primary care providers to screen, diagnose, treat and refer as needed to mental health and supportive services.

Consultation

- Access to psychiatrists and mental health professionals

- Guidance on screening, diagnosis, treatment (including psychiatric medications)

- Response to general questions or patient specific issues

Resource and Referral Support

- Real-time support connecting patients to mental health and other community resources

- Localized community resource lists

Provider Education and Training

- Didactics/case consultation

- Webinars

- Provider resources (e.g. Screening Toolkit, patient materials)

Providers are more knowledgeable in identifying, diagnosing, treating, and referring patients with mental health concerns

Young children are different: the perinatal, dyadic, and family context


- Prenatal physical, social, and mental health experiences influence prenatal and postnatal infant development
- Characteristics of the caregiver-child relationship begin prenatally
- Early relationships provide foundation for emotional and behavioral regulation… and future relationships

"There is no such thing as a baby…if you set out to describe a baby, you will find you are describing a baby and someone."
—Winnicott, 1947

Considering the components of a relationship
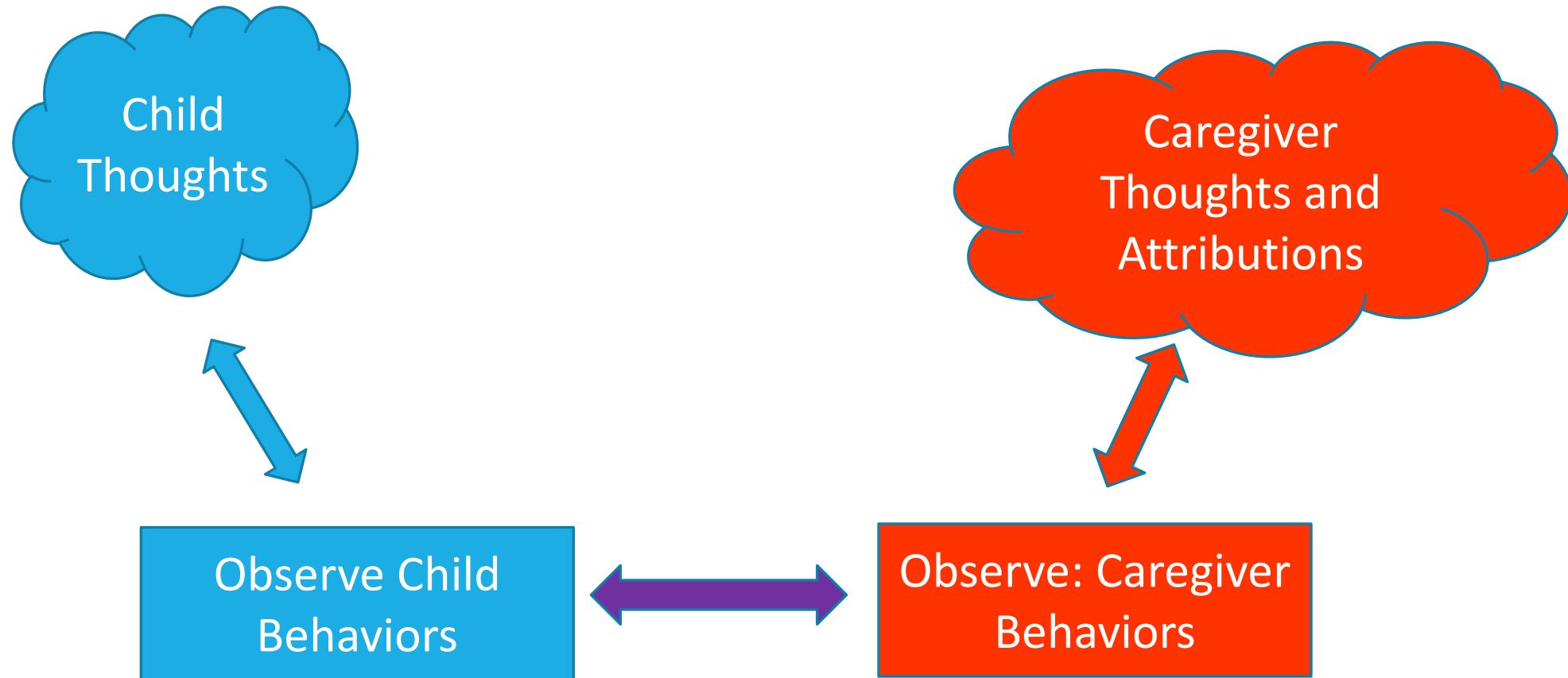
Perinatal Mood and Anxiety Disorders are Pediatric Issues

☑
- ○ Pregnancy complications
  - ○ Low adherence to medical recommendations
  - ○ Preterm birth
  - ○ Maternal death

☑
- ○ Parenting challenges
  - ○ Feel less competent
  - ○ Irritability
  - ○ Fewer interaction/vocalizations
  - ○ Shorter breast feeding
  - ○ Delayed well-child care/immunizations
  - ○ Limited use of safety tools (car seats/smoke detectors)
  - ○ Corporal punishment

☑ Infant outcomes
- – Social difficulties
  - • Less interactive
  - • Difficult to calm
- – Biological changes
  - • EEG asymmetry
  - • Low vagal tone
  - • Abnormal stress hormone

☑ 9 mo
- • Reduced social engagement
- • More fear & negativity

☑ Toddlers-adolescents
- • Higher internalizing problems
- • Increased risk externalizing problems

Yedid Sion (2014). J Matern Fetal Neonatal Med. 29(6):863-7.

Navaratne (2016). Sci Rep. Sep 23;6:33544.

Relationship-Focused Consultation Elements

Screening to support relationships

Caregiver wellness

- ACOG: First prenatal visit, again later in pregnancy, and at postpartum visits
- AAP: < 1-, 2-,4-, and 6-month visits
- PHQ-2/PHQ-9
- Edinburgh Postnatal Depression Scale (EPDS)
- Early Childhood Screening Assessment (ECSA)

Caregiving environment

- Every visit (psychosocial screen)
- Examples of non-proprietary tools
  - Survey of Wellbeing for Young Children (SWYC)
  - Safe Environment for Every Kid (SEEK)
  - We-Care
  - Hunger Vital Sign
  - Adverse Childhood Experiences Screening Tool

Tools for PCCs to address a positive screen or caregiver mental health

Provide language

"Thank you for filling out this screen. It sounds like you've been experiencing low mood and stress, and you may be depressed. Depression and anxiety during pregnancy are common. You and your baby deserve for you to be well. There are many effective support options available. Would it be okay if we discussed those?"

Provide resources

Assessing Suicidal Ideation

- **If positive response on question 10 of EPDS**: *It sounds like you are having thoughts about hurting yourself I would like to talk to you more about how you have been feeling recently.*
- In the past two weeks, how often have you thought of hurting yourself?
- Have you ever attempted to hurt yourself in the past?
- What have you thought about doing? Have you done anything to harm yourself?
- **If response raises concern about the safety of the baby/woman**: *It sounds like you're going through a difficult time. You and your baby deserve for you to feel well. Let's talk about ways we can support you.*
- **Assess for and address safety risks in home (guns, weapons, lethal medications)**

Lower Risk	Higher Risk
• No prior attempts	• History of suicide attempt
• No plan	• High lethality of prior attempt
• No intent	• Current plan
• No substance use	• Current intent
• Protective factors (can ask patient: *what prevents you from acting on suicidal thoughts?*)	• Substance use
	• Lack of protective factors (including social support)

Make it easy for communication of results to other healthcare professionals

(more tools in appendix)

Purpose of the Screening Passport

Screening for depression, anxiety, substance use disorders, and safety are all recommended practices during pregnancy and the postpartum period. Home visitors and clinicians can share this Screening Passport with clients and patients.

The passport ensures that women have access to their own health information and can bring the information to other healthcare appointments so all their primary care, obstetric, and mental health healthcare clinicians are well-informed. The information in the Screening Passport will allow their healthcare clinicians to give women the best possible care.

Screen Results

Edinburgh Perinatal Depression Scale
Screen for depression and anxiety
Scores suggesting risk of depression and anxiety: 10 or greater

Score: _____ Date:_____

Score: _____ Date:_____

Score: _____ Date:_____

Next Steps:_____

_____

_____

PHQ-9
Screen for depression
Scores suggesting risk of depression: 10 or greater

Score: _____ Date:_____

Score: _____ Date:_____

Score: _____ Date:_____

Next Steps:_____

_____

_____

GAD-7
Screen for anxiety
Scores suggesting risk of anxiety: 10 or greater

Score: _____ Date:_____

Score: _____ Date:_____

Score: _____ Date:_____

Next Steps:_____

_____

_____

5-P's
Screen for substance use disorders
Scores greater than 0 indicate need for further assessment

Score: _____ Date:_____

Score: _____ Date:_____

Score: _____ Date:_____

Next Steps:_____

_____

_____

AAFP Social Needs Screening Tool or Safe Environment for Every Kid
Screen for factors that interfere with health
Any identified needs indicate need for further assessment

Needs: _____

_____

_____ Date:_____

Needs: _____

_____

_____ Date:_____

Next Steps:_____

_____

_____

https://medicine.tulane.edu/tulane-doctors/lamhpp/clinical-handouts

Prompt PCC to observe the caregiver-child interactions

CHILD OBSERVATIONS

- Are the child's social interactions developmentally appropriate?
- Is child overly friendly or withdrawn with office staff or MD?
- Does child look at/seek proximity to caregiver during appt? During moments of stress?
- Does proximity to parent help calm child during exam or immunizations?

CAREGIVER OBSERVATIONS

- Caregiver-child interactions
  - Responsiveness to child's needs (comfort—rejection)
  - Caregiver ability to protect child
  - Child seeks out caregiver?
- Caregiver shows full range of emotions?

Child-Focused Elements of the Consult

YAEL DVIR, MD

MCPAP FOR EARLY CHILDHOOD

UMASS CHAN MEDICAL SCHOOL

MCPAP FOR EARLY CHILDHOOD

Child & Family

Pediatric Practices

MCPAP

Care Coordination — *If necessary* — **Assist Parents** by phone & contact service providers

Phone Consult (Psychiatrist) — *If necessary* — **Face-to-Face** evaluation, (psychiatrist/BHC)

SYSTEMS ENHANCEMENTS

ECHO Training for Champion Clinics ← **Family Support Consultation for MCPAP & ECHOs**

Referral Resources

PiPC Toolkit

Integrated Behavior Health Clinician & Family Partners

Champion Pediatricians

Pyramid in PC Training (PiPC), Case Consultation, & Toolkit

ECMH Training & Case Consultation

PROGRAM ENHANCEMENTS

Phone Consult Triage to early childhood specialist — *If necessary* — **Face-to-face** consultation, multi-session evaluation, interim psychotherapy

Axis III: Physical Health Conditions and Considerations

Axis IV: Psychosocial Stressors

Axis V: Developmental Competence

Axis II: Relational Context

Axis I: Clinical Disorders

ZERO TO THREE. (2016). *DC:0-5™: Diagnostic classification of mental health and developmental disorders of infancy and early childhood*. Washington, DC: Author.

Assessing the Young Child: 5 Principles

1. **Young children are understood, evaluated, (and treated) within the context of relationships**

2. **Young children are understood, evaluated, (and treated) within the context of their families, communities, and cultures.**

3. **Assessments are spread out in time and space with an appreciation of normal development.**

4. **The voice of the child is important to elicit.**

5. **Assessments are strength-based and collaborative.**
No blame – no shame.

What do we see?

Sensory

Hyperactivity

Concerns

Meltdowns

Tantrums

Pica

Aggression

Developmental

Mood

Concerns

dysregulation

Rigidity

Enuresis

SIB

Dysregulation

Sleep

Aggression

Inattention

Phobias

Opposition

Encopresis

Depression

Purpose of assessment:

1. To develop with the caregivers a shared understanding of the core concerns

2. To determine whether psychopathology or conditions that lead to risk are present

3. To establish a developmentally-based differential diagnosis and an ongoing mutual process of formulation

4. To develop with the caregivers a treatment plan that addresses the caregivers' explicit and implicit expectations and facilitates supportive parent-child relationships

AACAP Practice Parameters: Practice Parameters for the Psychiatric Assessment of Infants and Toddlers (0-36 Months). J. AM. ACAD. CHILD ADOLESC. PSYCHIATRY, 36:10 SUPPLEMENT. OCTOBER 1997.

Assessments may include:

- Direct interaction and interview with primary caregiver, the young child, and additional caregivers

- Observation of the young child and caregivers, both together and apart

- Observation of family functioning (if possible)

- Collateral information

- Formal and informal **observations and assessment measures**

Behavioral Health and Developmental Screening in Primary Care

Bright Futures Toolkit: **Links to Commonly Used Screening Instruments and Tools**

❑Maternal Depression

❑Behavioral/Social/Emotional

❑Child Development

❑Autism Spectrum Disorder

Temperament characteristic	Type of temperament		
	Easy	Slow-to-warm-up	Difficult
Activity level	Varies	Low to moderate	Varies
Rhythmicity	Very regular	Varies	Irregular
Distractibility	Varies	Varies	Varies
Approach/withdrawal	Approaches readily	Withdraws at first	Withdraws
Adaptability	Very adaptable	Slowly adaptable	Slowly adaptable
Attention span/persistence	High or low	High or low	High or low
Intensity of reaction	Low or mild	Mild	Intense
Sensitivity	High or low	High or low	High or low
Quality of mood	Positive	Slightly negative	Negative

Source: Thomas A, Chess S, Birch AG. The Origin of Personality. Scientific American 1970;223:102-9. https://www.scientificamerican.com.

Putting it all together

Axis I	**Clinical Disorders**	
Axis II	**Relational Context** Part A: child-caregiver relationship Part B: child-caregiving environment	
Axis III	**Physical Health Conditions and Considerations**	
Axis IV	**Psychosocial Stressors**	
Axis V	**Developmental Competence**	

MCPAP for Early Childhood Process Mapping
Draft 12/1/2021 Updated

PCP Call MCPAP on Child 1-6 years old

On-Call Coordinator asks PCP
if OK with callback within <24 hours;
If yes sends message
to MCPAP EC BH clinician

EC BH returns call PCP or PCP office imbedded clinician within <24 hours:
- Provides phone support to PCP or PCP team
- EC BH will provide R&R to PCP re: child and family as appropriate

- Triaging for Face-to Face in-person/virtual evaluation

- Queue closed

- Evaluation may extend beyond initial visit, up to 4 visits with the family
- EC BH may offer short-term child-family intervention (4-10 meetings)
- EC BH will provide R&R to family as appropriate
- EC BH may refer to EC CAP for psychiatric evaluation

How is the process different from "regular" MCPAP?
- Triage by EC BH not CAP
- Response time <24 hours
- Extended evaluation option
- Short-term intervention option

MCPAP
Massachusetts Child Psychiatry Access Program
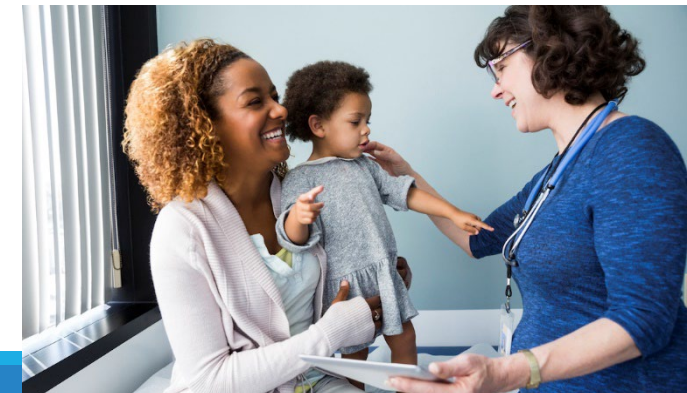
Commonly used primary care recommendations

In-office responses for caregiver, relationship, or interaction concerns

Describe observed positive interactions (even momentary)

Encourage

- Perspective taking
- Consistency and dependability
- Walk the Circle of Security

Consider reframing the negative behavior in developmentally meaningful ways

First line IECMH primary care actions: (Be) FOCUSED

Consider **family supports** like home visiting

Safe, quality **out-of-home child care** (e.g., Head Start)

Refer for **caregiver depression** or MH concerns

Reduce exposure to **unnecessary medications** with behavioral side effects (Steroids, Kepra)

Sleep hygiene

Label **emotions**

Link with **developmental** supports including speech and language, OT (IDEA Part C or B)

Gleason 2023 in press

Promoting positive behaviors

Safe, consistent

Positive attention for positive behaviors:

- Give positive attention to your child for behaviors you want to see again
- Positive attention can be

    PRAISE- say what you like that your child is doing

    REPEAT what your child says so he knows you heard and appreciate what he said

    DESCRIBE- say outloud what your child is doing so she knows you're paying attention

Safe, consistent, boring consequences

- Punishments should be safe and not frightening
- Children who are hit learn to hit
- Consistent means that the same behaviors result in punishment each time, not just sometimes
- Stay in control… Keep your face, voice, and boring so your child doesn't get entertained or scared

be trying

on with

for them

Effective for motivating any adaptive behaviors

- Pro-social behavior
- Impulse control
- Overcoming anxiety
- Emotional regulation

Adapted from PCIT; TECC@Tulane.edu
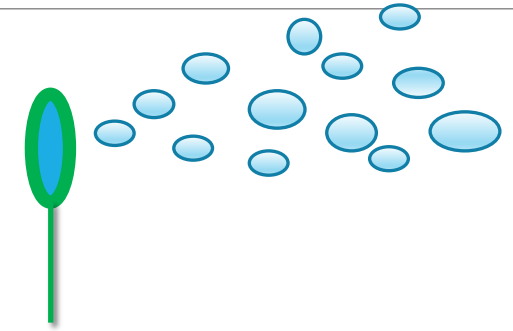
Addressing Emotional Dysregulation (Anxiety, Mood)

Muscle relaxation
- ◦ "loosey noodles"
- ◦ Progressive muscle relaxation
- ◦ Can record script for family on phone or use handouts

Blowing bubbles

Blow the tissue

Good for child and parent co-regulation

Monster Meditations (Sesame Street + HeadSpace)

Principles of early childhood psychopharmacologic treatment

- Significant, impairing symptoms
  - After partially effective/ineffective trial of therapy (with ongoing therapy)
  - In conjunction with ongoing therapy
  - Symptomatic treatment for extreme dangerousness or risk of expulsion related to symptom
    - Time limited
    - With plan for behavioral intervention as well (specialty or primary care)
  - Inability to access specialty therapy (after primary care intervention trial)

Structural Differences in Early Childhood Mental Health Consultation

BETH ELLEN DAVIS MD

VIRGINIA MENTAL HEALTH ACCESS PROGRAM

UNIVERSITY OF VIRGINIA

Building IECMH capacity with PCC partners!

PCCs see children and their families up to 14 times by age 4!!

PCC increased awareness and use of MH screeners
- B-5 Deeper Dive Project ECHO (CME Cat 1 credits) with MOC 4 QI screener
- Early Childhood Systems of Care for Kids (EC-SOCKS) Project ECHO with Social Determinants of Health screening MOC 4

PCC skill building
- Triple P for Providers (Level 3)
- Point of Care Guidebook

B-5 Call line with care coordination

B-5 Call Lines

Goal: PCCs learn to Recognize, Respond to, know when to Refer and know their local Resources for mild and moderate severity IECMH concerns and SDOH, and call/refer to PMHCA severe or-complex patients and families.

Interdisciplinary teams
- Consultants may include LMHP, developmental behavioral pediatrics, child and adolescent psychiatrists, care navigators.
- Requires intensive care navigation support due to multiple systems involved in supporting young children.
- Often includes supports for social determinants of health
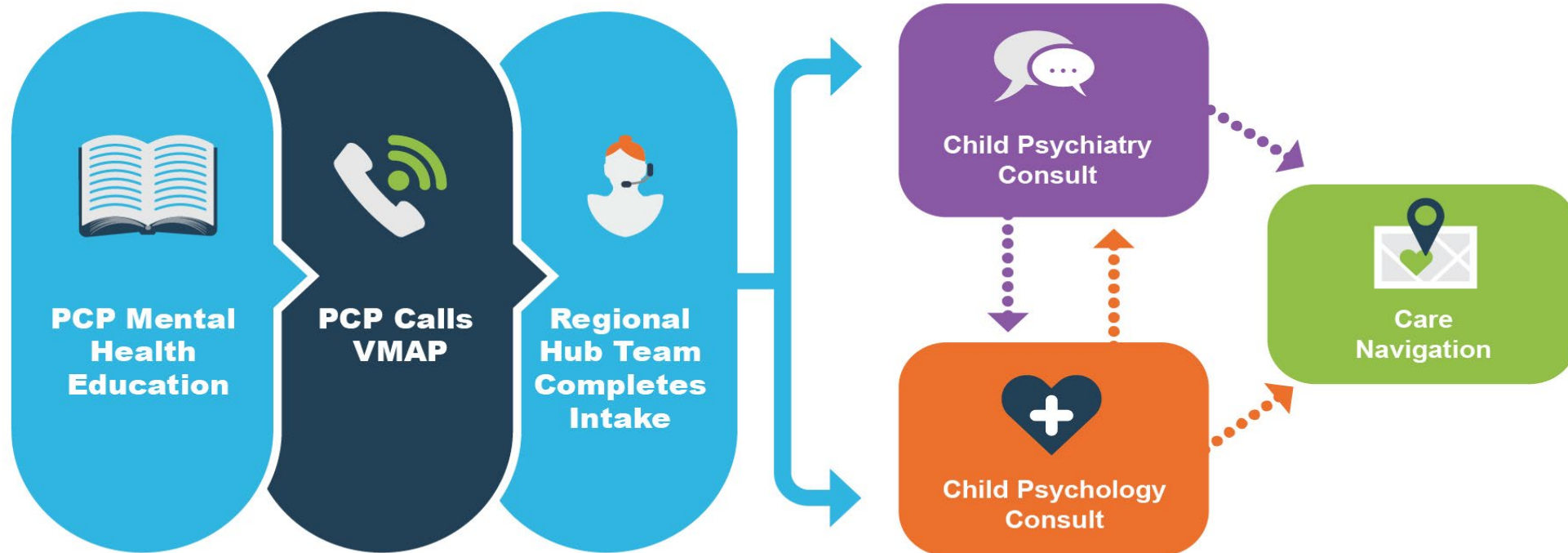
B-5 teams: child psychiatry, developmental behavioral pediatrics, psychology, LCSW, care navigators

VMAP Early Childhood Line
Now accepting calls!
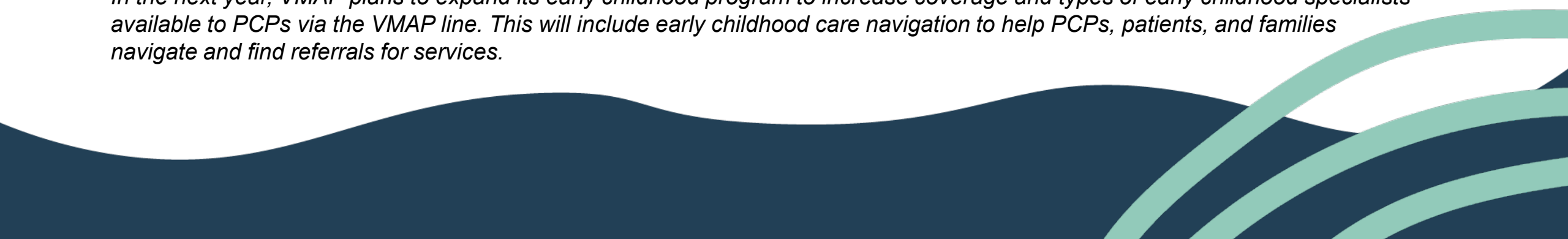
1-888-371-VMAP (8627)

Consultations with early childhood specialists!

Such as **developmental/behavioral pediatricians** and **early childhood child psychiatrists**

In the next year, VMAP plans to expand its early childhood program to increase coverage and types of early childhood specialists available to PCPs via the VMAP line. This will include early childhood care navigation to help PCPs, patients, and families navigate and find referrals for services.

Build PCC Capacity:
Project ECHOs are virtual learning collaboratives

ECHO model **is not 'traditional telemedicine'**.

Treating PCP retains responsibility for managing patient.

Deeper Dive Project ECHO and MOC 4

Opening	PCP Approach to IECMH
Session 2	PCP Office Tools for IECMH Assessment
Session 3	Anxiety + Related Attachment
Session 4	Dysregulated Anger + Aggression
Session 5	Preschool ADHD
Session 6	Trauma + ACES
Session 7	Autism
Session 8	Feeding
Session 9	Sleep
Session 10	IECMH Resources in Virginia
Session 11	Tantrums, Discipline and Spanking

Young Child: VMAP Behavioral Screening Worksheet

Developed as a QI Resource for VMAP Project ECHO participants
Updated 2.24.2023

Goal

To increase broad emotional and behavioral screening in preschoolers in order to prevent or mitigate current or future severe problems. The Brief ECSA has sound validity and reliability in the primary care setting to identify children (age 18 months - 60 months) who have severe and impairing emotional or behavioral symptoms.

Rationale

The Early Childhood Screening Assessment is a one-page broad screener for both internalizing (anxiety, trauma) and externalizing (aggression, ADHD, trauma) symptoms as well as has two questions about parental stress / depression. Also, Dr. Gleason, one of our HUB faculty, has helped develop, validate and has published this tool, and can serve as a consultant in this QI project.

Steps

1. **Identify your denominator.** Decide who is your target population (ages 2, 3, and 4 well-child checks) and calculate the number of well-child visits in your target population during the month of February. Your denominator should be at least 20 patients; if it is not, you will want to expand the age group you are using to make sure you have at least 20 patients in your denominator for each chart review. Enter this information into the Baseline survey tool.

2. **Review your screening tool.** For this project, we are using the Brief Early Childhood Screening Assessment (ECSA) - attached.

3. **Define your workflow.** The easiest thing to do is to print out copies of the tool and have your nurse or medical assistant instruct family to complete it while they are waiting for you in the room. You can score and discuss results with family.

4. **Start screening.** Capture as many of your targeted well child visits as you can with a screener from March to June. (And ongoing, of course!)

5. **Keep a folder.** For ease in completing chart reviews, keep the completed screeners in a folder so you can count them. Make sure they are dated.

6. **Use recommendations below.**

The TOOL

- The Brief ECSA is available at https://medicine.tulane.edu/sites/g/files/rdw761/f/Brief%20ECSA.pdf.
- Ask parent to score all items to get the most accurate score. The ECSA is not valid if more than 2 child items are skipped.
- Parents are asked to circle a (+) if they are "concerned about a behavior and want help with it."
- Child score: A score of greater or equal to 9, when totaling questions 1-22, suggests that the child may be at higher risk of having a mental health problem. A score of 9 or higher, or any (+) should trigger a conversation with the parent and consideration for further assessment or referral.
- Parent depression score: Any response greater than zero on items 23 and 24 is considered positive and should trigger conversation with parent, and recommendation for parent to seek support.

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EC-SOCKS Project ECHO and MOC 4

Opening	Positive Parenting + SDOH Screening
Session 2	Food Insecurity, WIC and SNAP
Session 3	Maternal, infant and early childhood home visitation
Session 4	Developmental + Autism Screening and Surveillance
Session 5	Early Intervention & ECSE
Session 6	Early Care and Education (Early Head Start/Head Start)
Session 7	Prenatal Exposures
Session 8	Perinatal Mood + Anxiety Disorders
Session 9	Safe Ride, Every Ride
Session 10	The Importance of Early Literacy
Session 11	Evaluation + Wrap-up

Young Child: VMAP SEEK Screening Worksheet

Developed as a QI Resource for VMAP Project ECHO participants
Updated 2.24.2023

Goal

To help enhance screening and referral for social determinants of health (SDOH) by using the Safe Environment for Every Kid (SEEK) Parent Screening Questionnaire (PQ-R). The SEEK screen is recommended for use at visits 0 – 5 years of age.

Rationale

The SEEK screening tool is a one-page assessment designed to screen for, not diagnose, risk factors for child maltreatment. It is intended for parents/caregivers to complete with an estimated 2-3-minute completion time. Any positive response should have a follow-up or referral. The SEEK assessment tool has validity and reliability in the primary care setting to screen families for psychosocial problems that are risk factors for children that could impact their health, safety, and development.

Steps

1. **Identify your denominator.** Decide who is your target population (between ages 0 – 5 year well child checks) and calculate the number of well-child visits in your target population during the month of February. Your denominator should be at least 20 patients; if it is not, you will want to expand the age group you are using to make sure you have at least 20 patients in your denominator for each chart review. Enter this information into the Baseline survey tool.
2. **Review the SEEK screening tool.** For this project, we are using the SEEK screening tool – attached.
3. **Define your workflow.** The easiest thing to do is to print our copies of the tool and have your nurse or medical assistant instruct family to complete it while they are waiting for you in the room. You can review and discuss results with family.
4. **Start screening.** Capture as many of your targeted well child visits as you can with a screener from March to June – and ongoing.
5. **Keep a folder.** For ease in completing chart review, keep the completed screens in a folder so you can document them. Be sure they are dated.
6. **Use recommendations below.**

The TOOL

- One-page screener
- 16 questions
- Any positive response should have a follow-up or referral
- Target population – family, caregivers
- To be completed at well visit
- Topics Covered: Domestic Violence, Food Insecurity, Harsh Punishment, Intimate Partner Violence, Perinatal Depression, Parental Depression, Parental Stress, Parenting, Substance Abuse
- Available in multiple languages at https://seekwellbeing.org/seek-materials/

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....to build capacity for PCC <u>skill</u> acquisition

Triple P for primary care clinicians (Level 3)

Substantial Flexibility Within Levels

Level 5: Enhanced Triple P
Enhanced, Pathways

Level 4: Standard Triple P
Standard, Standard Stepping Stones, Group, Group Teen, Self-Directed
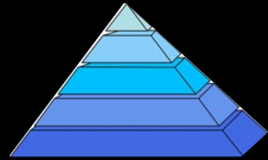
Level 3: Primary Care Triple P
Primary Care, Primary Care Teen

Level 2: Selected Triple P
Seminar, Individual Support, Teen
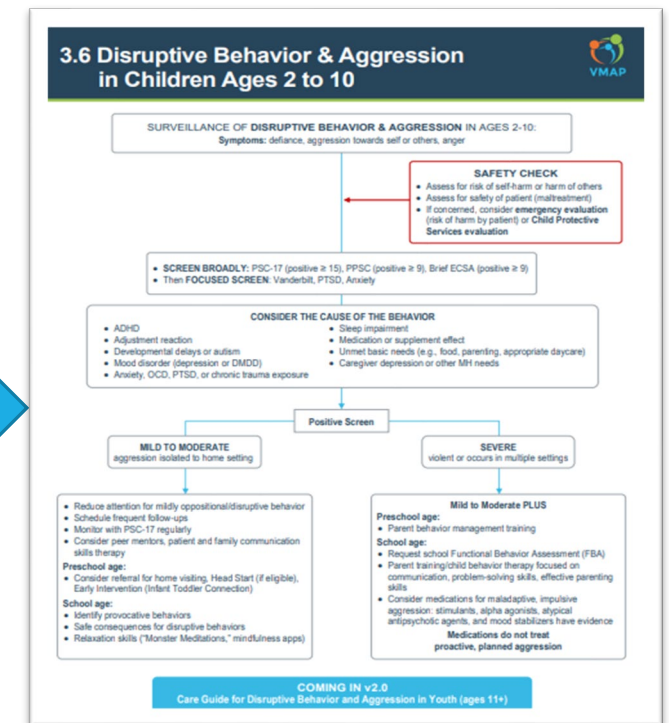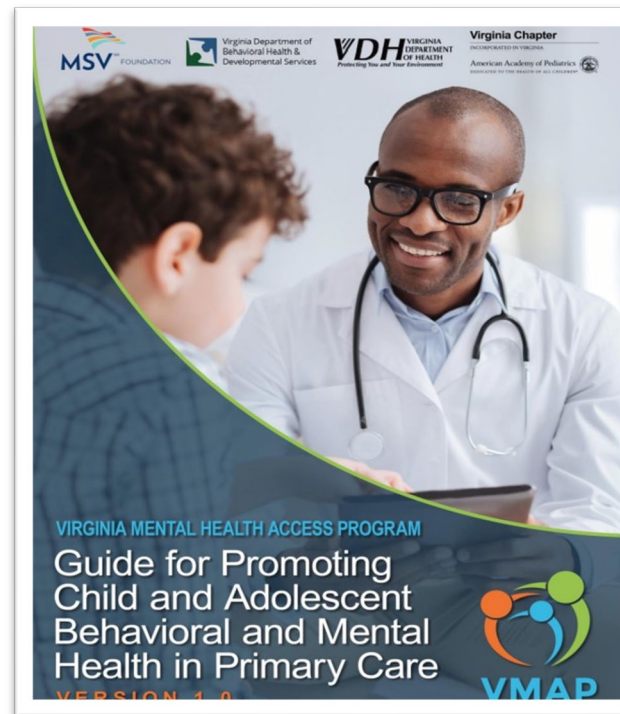
Level 1: Universal Triple P
Media (PSAs and TV)

A Point of Care Guidebook

Free to download

www.vmap.org/guidebook

www.triplep.net

A 1.5 day curriculum to train PCCs how to offer brief Parent Behavior Management in primary care settings

Summary

Early childhood consultation goes behind individuals and their symptoms!
◦ Relationships are central
◦ Positive and adverse experiences and contexts shape development… and we can shape them

Models exist! We're happy to help

Early childhood offers opportunity to influence foundations of mental health

Appendix

HELLPPP Mnemonic

H = Hope

E = Empathy

L^2 = Language, Loyalty

P^3 = Permission, Partnership, Plan

Foy et al 2016

Preschool medication considerations for primary care (after behavioral intervention)

	Primary Care	First line	Primary Care Medication consideration
ADHD	Selective attention recommendations	Parent management therapy (PMT)	Stimulant > alpha agonist
Anxiety	Relaxation strategies, caregiver MH, practice brave behaviors	Therapy – cognitive behavioral therapy (CBT), PMT	SSRI
Depression	Family support, caregiver MH, supportive care	Any therapy including supportive	Rarely required, SSRI
Disruptive behavior disorder	Selective attention recommendations	PMT	If impulsive-stimulant, alpha agonist
PTSD	Safety, caregiver education, relaxation strategies	TF-CBT	None
Sleep problems	Graduated extinction, sleep hygiene	Graduated extinction, sleep hygiene	(Melatonin, alpha agonist)
			Gleason 2017, Barbesi 2021

Question and Answer Segment

Upcoming Technical Assistance (TA) Innovation Center Activities

- **August 17, 2023** – Peer-to-Peer Sharing Session for PMHCA and MDRBD awardees focusing on Referral Database Design and Management

- **August 28–29, 2023** – PMHCA and MDRBD All-Awardee Annual Meeting

HRSA
Health Resources & Services Administration

MCHB TA Provider Shared Calendar

- Offers a centralized access point for PMHCA and MDRBD awardees to easily look at planned TA activities

- Facilitates convenient access to event follow-ups, including comprehensive PPT slides and concise summaries of previous TA engagements

- Highlights information about various events from the HRSA MCHB team, MCHB TA Innovation Center, American Academy of Pediatrics, School-Based Health Alliance, and Emergency Medical Services for Children Innovation and Improvement Center.

- https://mchb.jbsinternational.com/

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Feedback Form (7/27/23) for Special Topics and Capacity Building Webinars

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